

Dear Household Member:

The CACFP offers meal reimbursements to adult day care facilities which provide structured comprehensive services to nonresidential adults who are functionally impaired, or aged 60 or older. By completing the attached income application, the centers will be able to receive reimbursement, which is based on the number of enrolled participants that are eligible for free or reduced price meals.

Please help the center comply with the requirements of the CACFP by completing, signing and returning the attached form as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to your participants in our program. The completed form will be placed in our files and treated as confidential information. All participants in our program receive their meals free of charge, but the determination of eligibility category affects the amount of federal funding received by the center.

1. **Do I need to fill out an income application form for each adult in day care?** Complete and submit one income application form for all adults in your household only if they are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to: \_\_\_\_\_.
2. **Who can get free meals?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI) or Medicaid benefits can get free meals. Adults in households participating in WIC may be eligible for free meals.
3. **Who can get reduced price meals?** Adults can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart shown on this application. Adults in households participating in WIC may be eligible for reduced price meals.
4. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or the adult in your care do not have to be U.S. citizens to qualify for meal benefits offered at the center.
5. **Who should I include as members of my household?** You must only include the adult in your care, his or her spouse, and his or her dependents who share income and expenses.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the adult day care will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current SNAP, SSI, or Medicaid case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
8. **What should I do if the adult meal participant no longer receives SNAP, Social Security Income (SSI) or Medicaid?** If you provided a SNAP case number or an SSI or Medicaid assistance number to establish an adult's eligibility for free meals, you must notify the appropriate institution officials during the year of any termination in the adult's certification to participate in the SNAP, SSI, or Medicaid Programs.

**We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income

to the household. Combat Pay, including Deployment Extension Initiative Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, please call \_\_\_\_\_

### 2014-2015 Adult Day Care Sponsors

The participant in the adult day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

#### INCOME ELIGIBILITY GUIDELINES

July 1, 2014 – June 30, 2015

Income Guidelines for Reduced Price Meals Effective July 1, 2014-June 30, 2015		
Family Size	Reduced Price Meals	
	<i>Monthly</i>	<i>Yearly</i>
<b>1</b>	<b>\$1,800</b>	<b>\$21,590</b>
<b>2</b>	<b>\$2,426</b>	<b>\$29,101</b>
<b>3</b>	<b>\$3,051</b>	<b>\$36,612</b>
<b>4</b>	<b>\$3,677</b>	<b>\$44,123</b>
<b>5</b>	<b>\$4,303</b>	<b>\$51,634</b>
<b>6</b>	<b>\$4,929</b>	<b>\$59,145</b>
<b>7</b>	<b>\$5,555</b>	<b>\$66,656</b>
<b>8</b>	<b>\$6,181</b>	<b>\$74,167</b>
<b>For each additional family member add:</b>	<b>+\$626</b>	<b>+\$7,511</b>

**Non-discrimination Statement:** “The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.”

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#### Sponsor Representative

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#### Phone Number.

If you have questions about the CACFP and its administration, you may contact Deanna Tackett, Division Director, at 502/564-5625 or at the following address: School and Community Nutrition, Kentucky Department of Education, 500 Mero Street, 23<sup>rd</sup> Floor Capital Plaza Tower, Frankfort, KY 40601.